

**APPLICATION FOR BUILDING PERMIT**  
**Swimming Pools & Spas Above Ground/ Under Ground**

|                                |  |
|--------------------------------|--|
| Enter/Approve _____ DATE _____ |  |
| <b>PAID</b> _____ DATE _____   |  |

City of Lake Jackson  
25 Oak Drive  
Lake Jackson, TX 77566  
(979) 415-2430 Fax (979) 297-9804

|                        |
|------------------------|
| <b>OFFICE USE ONLY</b> |
| APPLICATION # _____    |

Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_ Total Estimated Value \$ \_\_\_\_\_

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Other: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

  

Type of Pool:      Above Ground: \_\_\_\_\_ Below Ground: \_\_\_\_\_

Type Material:      Gunite \_\_\_\_\_ Fiberglass: \_\_\_\_\_ Steel: \_\_\_\_\_ Other: \_\_\_\_\_

Pool Dimensions: \_\_\_\_\_ Total Sq. Feet Area: \_\_\_\_\_

Set Back From Property Line: Front \_\_\_\_\_ Rear \_\_\_\_\_ Leftside: \_\_\_\_\_ Rightside: \_\_\_\_\_

Check Distance From Any Power Lines Above or Below Ground: \_\_\_\_\_

Clear All Esmts: \_\_\_\_\_ Fence Types: \_\_\_\_\_

Permit Issued To \_\_\_\_\_ Address: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Application for Electrical Permit**

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Master: \_\_\_\_\_ License #: \_\_\_\_\_

Work Description: \_\_\_\_\_

Each outlet/switch/lighting fixture: \_\_\_\_\_ Each 2 Pole Circuit \_\_\_\_\_ Each 3 Pole Circuit \_\_\_\_\_

Each Trash Compactor/Garbage Disposal/Dishwasher \_\_\_\_\_ Meter Loop \_\_\_\_\_ T- Pole \_\_\_\_\_

Motors:      0 to 10 HP \_\_\_\_\_ 10 to 50 HP \_\_\_\_\_ 50 ton & Greater \_\_\_\_\_ Each Panel \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

**Application for Plumbing Permit**

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Master: \_\_\_\_\_ Master License #: \_\_\_\_\_

Work Description: \_\_\_\_\_

Each Drain \_\_\_\_\_ Each Sewer Main \_\_\_\_\_ Each Cold Water Outlet \_\_\_\_\_ Each Hot Water Outlet \_\_\_\_\_

Each Gas Outlet \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

**Total Amount:** \_\_\_\_\_